

23A00810

No. \_\_\_\_\_

Date Summons Issued and Filed  
2/21/2023

/s/ Monica Gay

Deputy Clerk

Deposit Paid \$ \_\_\_\_\_

**STATE COURT OF DEKALB COUNTY  
GEORGIA, DEKALB COUNTY****SUMMONS**

Dorothy Clark

 **ANSWER** **JURY****vs.**

Conner Goodwin

2709 Citco Avenue, Apartment E01

Chatanooga, TN 37406

(Defendant's name and address)

**TO THE ABOVE-NAMED DEFENDANT:**

You are hereby summoned and required to file with the Clerk of State Court, Suite 230, 2<sup>nd</sup> Floor, Administrative Tower, DeKalb County Courthouse, 556 N. McDonough Street, Decatur, Georgia 30030 and serve upon the plaintiff's attorney, to wit:

Riley W. Snider, Esq.

(Name)

178 South Main Street, Unit #300, Alpharetta, GA 30009

770.799.2757

(Address)

912995

(Phone Number)

(Georgia Bar No.)

an **ANSWER** to the complaint which is herewith served upon you, within thirty (30) days after service upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. (Plus cost of this action.)

**EXHIBIT F**

Defendant's Attorney

Third Party Attorney

Address

Address

Phone No. \_\_\_\_\_

Georgia Bar No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Georgia Bar No. \_\_\_\_\_

**TYPE OF SUIT**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Account  | <input type="checkbox"/> Personal Injury     |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Note     | <input type="checkbox"/> Legal Malpractice   |
| <input type="checkbox"/> Trover   | <input type="checkbox"/> Product Liability   |
|                                   | <input type="checkbox"/> Other               |

Principal	\$ _____
Interest	\$ _____
Atty Fees	\$ _____

 Transferred From \_\_\_\_\_

(Attach BLUE to Original and WHITE to Service Copy of complaint)